

Appealing a WIC Decision

You have the right to appeal decisions about your WIC benefits if you disagree with any decision that affects you/your child's WIC eligibility or benefits. This is done by asking for a **Fair Hearing**.

At a Fair Hearing, you can ask questions and explain in your own words why you feel the decision is wrong or unfair. You can have someone else speak for you including a friend or relative or lawyer. Translators will be provided as needed.

You may also ask for a **Local Office Conference**. This is a discussion between you and the local office supervisor. This may allow you to resolve the issue before the Fair Hearing is heard.

If you are not satisfied with the Local Office Conference decision, or if you do not want a Local Office Conference, a Fair Hearing will be set up with the Vermont Board of Health;

You can ask for a **Fair Hearing** and a **Local Office Conference** in person, by phone, mail or email to the State or local agency. You may ask for an **Appeal Form** from WIC. If you need help filling out the form you may ask for assistance.

This request must be made within sixty (60) days from the date of the decision. Your request can be made without fear of harassment or penalties.

Complete the form and mail to the State WIC Director;

State WIC Director
Vermont WIC Program
108 Cherry Street, PO Box 70
Burlington, VT 05401

Or, you may scan and email the form to WIC@Vermont.gov (email for the State WIC Office).

Notification of Appeal Outcome

The Board of Health must notify you in writing of the decision within 45 days after you told the WIC you wanted a hearing. If the hearing officer decides that you should be getting benefits, the benefits must start immediately. You will have an opportunity to appeal this decision to the Vermont Supreme Court

If you need more information or have questions, call the State WIC Office at 1-800-649-4357.

WIC Appeal Form
Vermont Department of Health WIC Program

I am asking for a **Local Office Conference** and/or **Fair Hearing** as provided in the WIC Program regulations.

This is why I want a hearing *(Please explain in your own words why you feel the decision to deny WIC benefits is incorrect or unfair based on the standards for WIC eligibility. You may attach an additional sheet of paper if you wish.)*

Date: _____

Signature: _____

Please print your name, address and telephone number below:

Name: _____

Address: _____

Telephone: _____

If you are asking for a fair hearing on behalf of children in your family who have been denied WIC benefits, please print their full names and birthdates below:

First Name	Middle	Last Name	Birthdate

Complete the form and mail to the WIC Director:
State WIC Director
Vermont WIC Program
108 Cherry Street, PO Box 70
Burlington, VT 05401

Or, you may scan and email the form to WIC@Vermont.gov (email for the State WIC Office). This institution is an equal opportunity provider.

Replaces VDH-111w (r. 10/17)